

University of Western States

CARDHOLDER AGREEMENT

Employee / Cardholder Name _____

Date _____

I agree to comply with the following terms and conditions of participation in the University of Western States One Card Program (as known as 'Pcard').

1. I understand that I am being entrusted with a powerful and valuable tool – a corporate purchasing credit card (One Card) – and will be making financial commitments on behalf of University of Western States (the University). I will strive to obtain the best value on behalf of the University and understand that the One Card may only be used for authorized, reasonable and necessary University business expenses.
2. I understand that the One Card may not be used for any personal purchases, personal rewards programs or cash transactions. Unauthorized charges and any misuse without notification by the statement submission deadline and prompt reimbursement to the University may result in cancellation of the One Card.
3. I am aware that, while the One Card does not impact my personal credit, the One Card is issued in my name and I will be responsible for all charges made with the One Card. The One card is not transferable and may not be used by anyone other than me. I will ensure that my One Card is kept secure at all times. In the event I discover or suspect the One Card has been lost, misused, stolen or subject to fraud, I will immediately notify US Bank at (24-Hour Cardmember Service) 800-344-5696 or 701-461-2010 (outside the US) and Business Office at 503-847-2553-Pcard. I agree to cooperate with any investigation concerning the loss, theft, or suspected misuse of the One Card.
4. I will obtain documentation (itemized receipts, contracts, event schedules, etc.) for all purchases made on my One Card.
5. I will follow the established procedures for the One Card which include reconciliation of expenses on a monthly basis and submission to my Approval Manager during the published timeframes. I will arrange for my responsibilities to be fulfilled if scheduled absences occur during the submission timeframe.
6. I agree to obtain approval for purchases from the budget manager corresponding to the department the purchases are applicable to.
7. I acknowledge that the Approval Manager will review all of my purchasing card transactions for approval and Business Office will audit my use of the One Card. I agree to promptly provide any additional information requested by my Approval Manager or Business Office concerning any of my purchasing card transactions.
8. I understand that failure to use the One Card and submit statements in a timely and appropriate manner may result in revocation of my One Card privileges.
9. I am aware of my One Card credit limits and will abide by those limits. Requests for temporary or permanent limit increases may be submitted to the Approval Manager.
10. I am aware of the One Card Tools available on the UWS website www.uws.edu/udocs/ under Business Office section.
11. I will return the One Card immediately upon request by management or upon separation from the University. I understand that this Agreement is revocable by me at any time upon written notice to my

Approval Manager. If revoked I understand I must stop using the One Card immediately and return it to the Business Office with my revocation notice. I understand that if revoked, I remain responsible for any misuse and remain indebted to the University for any personal, unauthorized, or illegal charges made prior to the revocation and return of the One Card.

Employee Acknowledgement:

By signing below, I acknowledge that I have reviewed the [One Card Users and Approvers Training](#), [One Card User and Approver Steps](#) and the current Cardholder Agreement and agree to the terms and conditions of these documents. I certify that as a participating Cardholder of the UWS One Card Program, I understand and assume the responsibilities listed above.

Employee Name (Print)

Employee Name (Signature)

(Date)

MANAGER AGREEMENT AND APPROVAL

1. I have read the terms and conditions listed in this Agreement and will be responsible to ensure Cardholder compliance with all of the above.
2. I agree to monitor the purchase activity of the Cardholder, validate the business purpose of each transaction, and obtain additional information as needed to resolve any outstanding issues.
3. I agree to review the expense account number(s) assigned to each transaction for accuracy and to verify that the business expense is properly classified.
4. I will ensure the Cardholder provides a complete accounting of all card transactions to the Business Office each month according to the requirements listed above.
5. I agree to complete the approval and submission of monthly purchases made by the Cardholder by the established due dates. I will arrange for my responsibilities to be fulfilled if scheduled absences occur during the submission timeframe.
6. If the Cardholder does not fully comply with the terms and conditions of this agreement at any time, I agree to notify the Business Office to suspend the card account until appropriate action is taken to resolve the issue(s).

Approval Manager Name (Print)

Approval Manager Name (Signature)

(Date)